



Montana Public Safety Officer Standards & Training Council
2260 Sierra Road East
Helena, MT 59602
Phone: (406) 444-9975
Fax: (406) 444-9978

www.doj.mt.gov/post

NOTICE OF TERMINATION

7-32-303(4), M.C.A.

EMPLOYEE INFORMATION

1. Last Name	3. First Name	2. M.I.	4. Suffix (Jr., etc.)	5. DOB
6. Home Mailing Address		7. City	8. State	9. Zip Code

AGENCY INFORMATION

10. Agency:
Dates of Employment: From _____ to _____

CLASS OF TERMINATION

<input type="checkbox"/> Resigned <input type="checkbox"/> Retired <input type="checkbox"/> Medically Disabled <input type="checkbox"/> Deceased <input type="checkbox"/> Other _____
<input type="checkbox"/> Involuntary* - Explanation of circumstances (attach additional sheets/reports if necessary)
* _____

I certify that I am the chief administrator of the above-named agency, or the person designated by the chief administrator to sign this document and the information is true and complete.

Name and Title of Chief Administrator or Designee (Type or Print)

Signature of Chief Administrator of Designee Date

This form is to be completed and forwarded to the POST Council at the above address within 10 days of termination, resignation, retirement or death.